Crisis Intervention Team (CIT) Training Sees Immediate Results

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This is the fifteenth article from the Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts about effectively dealing with mentally ill offenders in the criminal justice system. This article highlights recent Crisis Intervention Team (CIT) training in Columbus and the immediate effects observed as a result.

What is CIT?

CIT is a collaborative effort between law enforcement and the mental health community to help law enforcement officers handle incidents involving mentally ill people. CIT is a community-based collaboration between law enforcement, NAMI (National Alliance for the Mentally Ill), mental health consumers, mental health providers and local universities. Volunteer patrol officers receive 40 hours of training in mental illness and the local mental health system. The training is provided free of charge by the mental health community, providers, consumers and family members. The training focuses on providing practical techniques for de-escalating crises. The Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts (ACMIC) has worked to encourage Crisis Intervention Team (CIT) training state-wide.

CIT Comes to Columbus

September 8, 2003 saw the first 20 Columbus Police Department uniformed officers begin voluntary specialized training (CIT) in dealing with mentally ill citizens and offenders. This class completed the 40 hours of intensive training in five days, September 13. By September 19, the results were visible on the street.

Below are some encouraging examples of the impact of the CIT training in Columbus already within the first few weeks.

Days Later – Crisis Averted

D. is a 20 year old male with Schizophrenia. He has had several admissions to Twin Valley Behavioral Healthcare (TVBH) inpatient units. His illness usually leads to his disturbing the peace of the community. Police are called. He is often resistant to direction. Usually resistance leads to arrest and jail. In jail, his paranoia and grandiosity come to the fore and he decompensates rapidly. He is usually transferred from the jail to TVBH in a severely agitated and psychotic state. Months of hospitalization are then necessary to achieve sufficient recovery to allow his return to the community. There is undue risk in this process to the community, the officers, and the patient. Resources of enforcement, jail, and hospital all are used in excess of the need if focused intervention and triage had occurred earlier in the chain of events.

The morning of September 19 found D. off his meds, acting in an inappropriate manner. At 7:45 am two CPD officers were dispatched to a north side grocery store. D. was reported as walking around shaking and harassing customers. At first D. was asked to leave. He did not. The officers recognized his behavior as symptoms of mental illness. Officer R. asked D. if he was willing to go to Netcare (Emergency Mental Health). D. said, '"no". He had just been released from

Netcare on 9/17/03. D. produced paperwork indicating a scheduled follow-up visit on 9/18 at North Central Mental Health. He had not attended. The officers offered to transport D. to North Central. D. agreed.

The officers actually met with D. and the Case manager. D. revealed to the group that he was not taking his medication as prescribed. D. agreed to let the officers transport him home to take his medication. At home, D. would only take part of his prescriptions. When the officers encouraged him as to the importance of taking it all as prescribed, D. became agitated. D. picked up a kitchen knife. The officers were able to talk him into putting the knife down. Since he was not able to comply with the agreed to plan, the officers transported D. to Netcare and D. was subsequently admitted to TVBH. He is doing well in again restabilizing his illness.

Officer R. had graduated from the CIT class only 6 days before. As a result, the officers correctly identified his symptoms, offered appropriate help, understood the importance of the treatment plan, and insisted on appropriate evaluation when D. was unable to comply. No arrest occurred. No “take down” occurred. No booking or jail time and resources were used. No injuries to patient, police or public occurred.

Instead, the patient entered the appropriate level of treatment weeks before his past entries. And his earlier detection and referral is resulting in a much quicker response to the appropriate medications. Success of CIT could not have been more effectively demonstrated. And at least two similar incidents were reported within the first week of graduation.

A Graduating Officer’s Enthusiasm for CIT Training
Kay Werk, M.S.W., one of the course coordinators, similarly reports the following conversation with another graduating officer:

Officer F. saw me in the hall and we talked for a considerable period of time. She told me of many situations she is handling differently as a result of the training. Her quote is "I've never had any training in the (15??) years that I've been an officer that I could use immediately. It's the most rewarding experience I've had." She then related several stories of situations where the training has made a difference for her and for the mentally ill clients. She indicates that she's using it almost every single day. "Once the mentally ill people know I'm trained to help them and wanting to do that, they tell me about their diagnoses, meds, where they're being seen etc." She also indicates that when the Netcare Access Emergency Mental Health Assessment Facility staff see her, "they almost knock themselves over trying to get the door open and work with me. This is totally different than it was before. A huge difference."

Clearly CIT is an immediate and worthwhile success. The next group will begin training on December 15, 2003 at TVBH.

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